

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

ED MAR 12 1944

Registration District No.

Primary Registration District No.

5834, 5835

4

7117

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Spring City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Spring City---10 miles South of Joplin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
45 years
In this community years, months or days)

3. (a) PRINT FULL NAME Sarah Elizabeth Forkner

3. (b) If veteran, name war. * * * 3. (c) Social Security No. * * *

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John J. Forkner 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 25, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 22 hr. min.

9. Birthplace Mattoon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John Broadway
13. Birthplace Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Maria Fallis
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Forkner
(b) Address Joplin Mo R-2 BX236
17. (a) Burial (b) Date there 2-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) Feb 18-1948 (b) Mr. W. C. Chapman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Spring City
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
year 1943 hour 10 minute 15 p.m.

21. I hereby certify that I attended the deceased from Feb 9 to Feb 16 1943
that I last saw him alive on Feb 16 and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia
Duration

Due to
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury
23. Signature W. C. Chapman (M. D. or other)
Address Joplin Date signed 2-17-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received MAR 10 1943
File no. 243-31

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.